

STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

FLOYD

County

No. 100File 285Aug. 4, 1995  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Becher

**MALE APPLICANT**

Name Rudy First Pappas Middle Paul Last  
Date of Birth 10 Month 23 Day 48 Year  
Place of Birth (State or foreign country) Ky  
Residence Address 1124 Chaires St New Albany, Floyd Ind. Street or R.R. City County State  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.  
0
- (a) Full name of applicant's father Harry E. Pappas  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) \_\_\_\_\_  
Birthplace of father (State or foreign country) Greece  
(b) Full maiden name of applicant's mother Henrietta Phelps  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Ky  
Birthplace of mother (State or foreign country) Ky

**FEMALE APPLICANT**

Name Betty First Reynolds Middle 3 Last  
Date of Birth 10 Month 14 Day 67 Year  
Place of Birth (State or foreign country) Ky  
Residence Address 2017 Hamburg Rd E Jeffersonville Ind. Street or R.R. City County State  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1999  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.  
William Chandler, Arney Chandler, Jo Chandler  
Roy Chandler, Moneia Chandler, Elara Chandler  
Helen Chandler Franklin Lane
- (a) Full name of applicant's father \_\_\_\_\_  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Ind  
Birthplace of father (State or foreign country) Ky  
(b) Full maiden name of applicant's mother Maion Warren  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Ind.  
Birthplace of mother (State or foreign country) IN

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
[Signature] 8-4-99  
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of FLOYD ) ss: [Signature]  
Signed \_\_\_\_\_  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
Clerk of the FLOYD Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
State of Indiana )  
County of FLOYD ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Betty Sue Reynolds 8-4-99  
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of FLOYD ) ss: [Signature]  
Signed \_\_\_\_\_  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
Clerk of the FLOYD Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
State of Indiana )  
County of FLOYD ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of FLOYD County, Indiana, dated \_\_\_\_\_, authorizing the marriage of \_\_\_\_\_ and \_\_\_\_\_.

I further certify that the following marriage certificate was filed in my office:  
I, \_\_\_\_\_ (name), certify that on \_\_\_\_\_ (date), at \_\_\_\_\_ in \_\_\_\_\_ County, Indiana, \_\_\_\_\_ of \_\_\_\_\_ County, \_\_\_\_\_ (state), and \_\_\_\_\_ of \_\_\_\_\_ County, \_\_\_\_\_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of FLOYD County, Indiana, dated \_\_\_\_\_.

Signed by: \_\_\_\_\_ (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on \_\_\_\_\_ (date).

Signed \_\_\_\_\_ Clerk

FLOYD Circuit Court